Recipient Committee		l	Type or print in ink			STATEMENT OF ORGANIZATION					
5 2						MEC	EIVE		IFORNIA ORM	410	
Statement Type	☐ Initial Not yet qualified ☐	or	Amendment List I.D. number:	V	mination - See Part 5 number:	2011 NOV 2	2 AM 9:	30	For Official U	Ise Only	
	Secretarian Secularia Secularia Secularia Secularia Secularia Secularia Secularia Secularia Secularia Seculari		#	#_1322	409		~ nn /.	50			
	11/04/2009			09/2	9/2011 	OFFI THE CIT	CE OF Y CLERK				
	Date qualified as con	nmittee	Date qualified as committee (If applicable)	Date	e of Termination	CITY OF VEN	Y CLERK PORT BEACH	1			
1. Committee	Information				2. Treasurer and		San and Western				
NAME OF COMMITT	EE				NAME OF TREASURER	The second secon					
Reno for City	Council 2010				Lysa Ray						
					STREET ADDRESS						
STREET ADDRESS ((NO PO. BOX)				603 E Alton Ave S	Suite H					
603 E Alton A					CITY		STATE	ZIP CODE	AREA	CODE/PHONE	
CITY					Santa Ana, CA NAME OF ASSISTANT TRE	92705			714	-540-2295	
CITT		STATE	ZIP CODE AREA CODE	/PHONE	NAME OF ASSISTANT TRE	ASURER, IF ANY					
Santa Ana, CA			714-540-2	2295	STREET ADDRESS						
MAILING ADDRESS (IF DIFFERENT)				OTREET ADDRESS						
					CITY		STATE	ZIP CODE	AREA	CODE/PHONE	
OPTIONAL: FAX / E-I	MAIL ADDRESS								7111271	COBEN TIONE	
					NAME OF PRINCIPAL OFFI	CER(S)					
COUNTY OF DOMICI		OUNTY WHERE	COMMITTEE IS ACTIVE IF DIFFERE	NT							
	[1]	HAN COUNTY OF	- DOMICILE		MAILING ADDRESS				- 10		
Orange		range									
Attach additional info	ormation on appropriate	ely labeled conti	nuation sheets.		CITY		STATE	ZIP CODE	AREA	CODE/PHONE	
3. Verification											
I have used all re-	asonable diligence i	n preparing th	nis statement and to the best	of my know	Redge the information of	ontained herei	n is true and	complete Lo	ertify unde	r nenalty of	
perjury under the	laws of the State of	California tha	at the foregoing is true and co	rect	021			oomploto. 10	orary arrac	i penalty of	
Executed on	9/29/11		_ Bv (M	1MM x						
-	// // DATE		-		SUDMATURE	OF TREASURER OR	ASSISTANT TREAS	SURER			
Executed on	DATE		By		PICNATURE OF CONTROLLING	055051101050 01					
Executed on			5		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CA	NUIDATE, OR STAT	E MEASURE PROF	ONENT		
	DATE		– Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CA	NDIDATE, OR STAT	E MEASURE PROP	ONENT		
Executed on	4		_ By								
	DATE				SIGNATURE OF CONTROLLING	OFFICEHOLDER, CA	NDIDATE, OR STAT	E MEASURE PROP	ONENT		

Statement of Organization Recipient Committee

CALIFORNIA 410

CALIFORNIA 410

2 of 3

I.D. NUMBER
1322409

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Reno for City Council 2010

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			YEAR OF ELECTION	PAR TY			
Ed Reno	City Counci Newport Bea			2010	🗓 Non-Partisan			
					☐ Non-Partisan			
List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)								
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE	BANK ACCOUNT	NUMBER				
ADDRESS	CITY		STATE	ZIP CODE				
Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:								
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)						ONE		
					SUPPORT	OPPOSE		
					SUPPORT	OPPOSE		

Statement of Organization Recipient Committee

STATEMENT OF OR	RGANIZATION
CALIFORNIA FORM	410

INSTRUCTIONS ON REVERSE	FORM 410
THE THOUSE ON REVERSE	3 of 3
COMMITTEE NAME	I.D. NUMBER
Reno for City Council 2010	1322409
4. Type of Committee (Continued)	
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☐ CITY Committee ☐ COUNTY Committee ☐ STATECommittee	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE	
Small Contributor Committee Check box and provide the date this committee qualified as a small contributor committee. If the contributor committee on January 1, 2001, enter 1/1/01.	committee qualified as a small

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
 - · This committee has ceased to receive contributions and make expenditures;
 - · This committee does not anticipate receiving contributions or making expenditures in the future;
 - · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - · This committee has no surplus funds; and
 - · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.